

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

yes no

Ms.

Mr. Artist MICHAEL ULLICHNEY

(Last Name Last)

Permanent

Address

67A

FOUSE AVE.

AKRON

Street

City

44310

Zip

Tel. (216) 535-8961

Area Code

Temporary or

Studio Address

Street

City

Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? _____

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

Artist will pick up at Museum.
 Museum should dispose of.
 Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Michael Ullichney

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 13, 1979.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Michael Ullichney

ENTRY BLANKS

1

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Electric 6. Crafts

Materials **PENCIL****MARRIAGE OF THE VIRGIN**

Title

Price or NFS	Insurance Value if NFS Only	Size
\$350 ⁰⁰	\$350 ⁰⁰	22x28 UNMATTED

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
		\$325 ⁰⁰	25 ⁰⁰

ACCEPTED	DO NOT WRITE IN THIS SECTION	REJECTED
X	75(2)	REJECTED

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Electric 6. Crafts

Materials **PENCIL****TROUT MARTYR: ST. SEBASTIAN**

Title

Price or NFS	Insurance Value If NFS Only	Size
\$350 ⁰⁰		22x28 UNMATTED

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
		\$325 ⁰⁰	25 ⁰⁰

ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED	RECEIVED
X	76(2)	X	X

DO NOT DETACH

1979 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106



MICHAEL ULLICHNEY

Name

679 FOUSE AVE.

Address

AKRON Ohio 44310

City & State

Zip

NOTIFICATION CARD #1

1

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Electric 6. Crafts

Title

MARRIAGE OF THE VIRGIN

ACCEPTED	REJECTED
X	

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Electric 6. Crafts

Title

TROUT MARTYR: ST. SEBASTIAN

ACCEPTED	REJECTED
X	